

PTO/SB/22 (12-04)  
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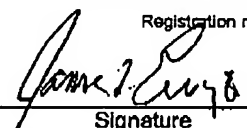
<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Docket Number (Optional) 10557/293163
Application Number 10/775,353		Filed February 10, 2004
For Acetabular Reamer		
Art Unit 3733	Examiner James L. Switer, III	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$450
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____

☐ Applicant claims small entity status. See 37 CFR 1.27.  
☐ A check in the amount of the fee is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 11-0822. I have enclosed a duplicate copy of this sheet.  
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ attorney or agent of record. Registration Number 30,630  
☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

  
\_\_\_\_\_  
Signature  
James L. Ewing, IV  
\_\_\_\_\_  
Typed or printed name

August 3, 2006  
\_\_\_\_\_  
Date  
404-815-6494  
\_\_\_\_\_  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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